

Required Client Information:

Section A

Company: USS Corporation
Address: P.O. Box 417

Copy To: Report To: Tom Moe Required Project Information: Section B

ITEM#

## CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT.

Attention:

Company Name:

Section C Invoice Information: PM: MMW WO#:1277342 Due Date: 11/02/16

CLIENT: USS CORP

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Mt. Iron, MN 55768 Requested Due Date: WS-002 Scrubber Make-Up WS-003 Thickner Overflow Sample ids must be unique One Character per box. **SAMPLE ID** (A-Z, 0-9/, -) Ä MATRIX
Drinking Water
United Water
Waste Water
Waste Water
Product
Soil/Soild
Oil
Wipe
Air
Other Project Name: urchase Order#: MW F P G SE P WAT DO CO you praws ELECTRICAL LEGISTES DE L'ALLE MATRIX CODE (see valid codes to left) ≦ ۶ (G=GRAB C=COMP) SAMPLE TYPE NPDES-LINE 3 Wkly 185,80 71-61-0155,20 32.13.0) Sh. 20 mot w Sh. 30 2500 START SAMPLER VANE AND SIGNATURE TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: DATE END 10:1976 TIME SAMPLE TEMP AT COLLECTION 13:45 # OF CONTAINERS Pace Project Manager
Pace Profile #: Address Pace Quote: Unpreserved laul mattila H2SO4 fame matures HN03 Preservatives HCI NaOH heather.zika@pacelabs.com, Na2S2O3 Methanol Y/N Analysos Test LAB FILTERED: SO4 DATE Signed: × Lab FILTERED: Ca,Mg,Har Requested Analysis Filtered Y/N 10-19-16 Sher Malp TEMP in C 9 Residual Chlorine (Y/N) Received on 두 다,나 (Y/N) Custody Sealed 7 Cooler (Y/N) Samples Intact (Y/N)

## Pace Analytical "

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015 Page 1 of 1

Issuing Authority:

WO#:1277342 Sample Condition Project #: Client Name:

		$\sim 12$	7)			
Courier: [	Fed Ex	□UPS □Pace	USPS Other:	/	lient	1277342
Tracking Number:						
Custody Seal on Coole	r/Box Present?	□Yes Z	ĺΝο	Seals Ir	ntact?	Yes No Optional: Proj. Due Date: Proj. Nar
Packing Material:	Bubble Wrap	☐Bubble B	ags 📝 N	one [	Other:	Temp Blank? Yes
hermometer Used:	14079280	8	Type of	Ice: 🛮	Wet [	Blue None Samples on ice, cooling process ha
Cooler Temp Read °C: emp should be above f		Cooler Temp ( Correction Fac			Date and	Biological Tissue Frozen? Yes No d Initials of Person Examining Contents:  Comments:
Chain of Custody Prese	nt?		Yes	□No	□N/A	1.
Chain of Custody Filled	Out?		∑Yes	□No	□N/A	2.
Chain of Custody Reline	quished?		✓Ves	□No	□N/A	3.
Sampler Name and Sign	nature on COC?		✓Yes	∏No	□N/A	4.
Samples Arrived within	Hold Time?		<b>∠</b> Yes	□No	□N/A	5.
Short Hold Time Analy	sis (<72 hr)?		Yes	Мνο	□N/A	6.
Rush Turn Around Tim	e Requested?		Yes	ZN∘	N/A	7.
Sufficient Volume?			. 🗖 Yes	□No	□N/A	8.
Correct Containers Use	d?		Yes	□No	□N/A	9.
-Pace Containers Us	ed?		· 🗹	— □No	□N/A	
Containers Intact?			Yes	□No	□N/A	10.
Filtered Volume Receiv	ed for Dissolved	Tests?	Yes	□No	ØN/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match C			✓Yes	□No		12.
-Includes Date/Time		atriv (a.	,-		٠٠٠,٠٠	
All containers needing checked and document	acid/base preser	vation will be	Yes	□No	ZÎN/A	See pH log for results and additional preserved documentation
Headspace in Methyl M		<del></del>	□Yes	□No	[]N/A	13.
Headspace in VOA Vials	; ( >6mm)?		Yes	□No		14.
Trip Blank Present?			Yes	□No	ØN/A	15.
Trip Blank Custody Seal	s Present?		☐ Yes	□No	<b>⊠</b> N/A	
Pace Trip Blank Lot # (if	purchased):		·			
	ntacted:				(	Field Data Required? Yes No
Comments/Res	olution:	<del></del>				
						·

Project Manager Review:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of

hold, incorrect preservative, out of temp, incorrect containers)